

Assigned DOGM File No.: S / 001 / 0047

DOGM Lead: _____

Permit Fee \$ _____ Ck # _____

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program.

"Small Mining Operations" means mining operations which disturb five or less surface acres at any given time.

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I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: Southern white
2. Name of Entity Applying for Permit: GREAT AMERICAN RESOURCES LLC
Contact (Authorized Officer): GARY HAPLEY
Address: PO Box 1481
City, State, Zip: Tropic Utah 84074
Phone: 435-882-8664 Fax: 435-882-8758
E-mail Address: GARY AT ROCKSCAPER.COM

Entity is a: Corporation () LLC ☒ Sole Proprietorship (dba) ()
Partnership () General _____ or _____ limited
Individual () Other () - specify type _____

Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations www.commerce.utah.gov.

Are you currently registered to do business in the State of Utah? ☒ Yes ☐ No

Entity # 2021919-0160

Local Business License # _____

Issued by: County Tropic or City Tropic

Registered Utah Agent (as identified with the Utah Department of Commerce):

Name: GARY HAPLEY
Address: PO Box 1481
City, State, Zip: Tropic Utah 84074
Phone: 435-882-8664 Fax: 435-882-8758
E-mail Address: GARY AT ROCKSCAPER.COM

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DIV. OIL GAS & MINING

3. **Entities Representative (if different from #2)**

Name: GARY Applegate
Address: 557 Elk Meadows Loop
City, State, Zip: Toolle, Utah 84074
Phone: 435-882-5169 Fax: 435-882-8758
E-mail Address: gary AT rockscaper.com

4. **If Partnership or Sole Proprietor:**

Name of 1st partner / Sole Proprietor:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Partnership:

Name of 2nd Partner:

Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Corporation:

Name of Officers: _____ Title: _____
_____ Title: _____
_____ Title: _____
_____ Title: _____

If Limited Liability Company: Member Managed ☐ Manager Managed ☒

Name of 1st Member/Manager: GARY Applegate
Address: 557 Elk Meadows Loop
City, State, Zip: Toolle Utah 84074
Phone: 435-882-5169 Fax: 435-882-8758
E-mail Address: gary AT rockscaper.com

Name of 2nd Member/Manager: Marsha Applegate
Address: 557 Elk Meadows Loop
City, State, Zip: Toolle Utah 84074
Phone: 435-882-5169 Fax: 435-882-8758
E-mail Address: MARSHA AT rockscaper.com

Name of 3rd Member/Manager: Richard Bjorn
Address: 5135 Harvest Estates
City, State, Zip: San Jose Calif.
Phone: 408-605-1853 Fax: _____
E-mail Address: N/A

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